

| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. 08/2018)  |                  |                 | <b>TRANSCRIPT ORDER</b><br>Please use one form per court reporter.<br><i>CJA counsel please use Form CJA24</i><br>Please read instructions on next page.   |  |                                  |  |                       |  | <b>COURT USE ONLY</b><br><b>DUE DATE:</b> |                       |                       |                       |                       |                       |                       |                       |
|---|------------------|-----------------|--|--|----------------------------------|--|-----------------------|--|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1a. CONTACT PERSON FOR THIS ORDER<br><b>Corrie Anderson</b>   |                  |                 | 2a. CONTACT PHONE NUMBER<br><b>(415) 956-1000</b>  |  |                                  | 3. CONTACT EMAIL ADDRESS<br><b>coanderson@lchb.com</b> |                       |  |   |                       |                       |                       |                       |                       |                       |                       |
| 1b. ATTORNEY NAME (if different)<br><b>Lexi J. Hazam</b>  |                  |                 | 2b. ATTORNEY PHONE NUMBER<br><b>(415) 956-1000</b>   |  |                                  | 3. ATTORNEY EMAIL ADDRESS<br><b>lhazam@lchb.com</b>    |                       |  |   |                       |                       |                       |                       |                       |                       |                       |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)<br><b>Lieff Cabraser Heimann &amp; Bernstein<br/>275 Battery Street, 29th Floor<br/>San Francisco, CA 94111</b> |                  |                 | 5. CASE NAME<br><b>In re: Social Media Adolescent Addiction</b>  |  |                                  |  |                       |  | 6. CASE NUMBER<br><b>4:22-md-03047</b>    |                       |                       |                       |                       |                       |                       |                       |
| 7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR<br><b>Summer Fisher</b>  |                  |                 | 8. THIS TRANSCRIPT ORDER IS FOR:<br><input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached)<br><input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u> |  |                                  |  |                       |  |   |                       |                       |                       |                       |                       |                       |                       |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:                   |                  |                 |  |  |                                  |  |                       |  |   |                       |                       |                       |                       |                       |                       |                       |
| a. HEARING(S) (OR PORTIONS OF HEARINGS)   |                  |                 | b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)   |  |                                  |  |                       | c. DELIVERY TYPE (Choose one per line) |   |                       |                       |                       |                       |                       |                       |                       |
| DATE  | JUDGE (initials) | TYPE (e.g. CMC) | PORTION<br>If requesting less than full hearing, specify portion (e.g. witness or time)  |  | PDF (email)                      | TEXT/ASCII (email)                                     | PAPER                 | CONDENSED (email)                      | ECF ACCESS (web)                          | ORDINARY (30-day)     | 14-Day                | EXPEDITED (7-day)     | 3-DAY                 | DAILY (Next day)      | HOURLY (2 hrs)        | REALTIME              |
| 8/30/24   | YGR              | Conf            |  |  | <input checked="" type="radio"/> | <input type="radio"/>                                  | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:  |                  |                 |  |  |                                  |  |                       |  |   |                       |                       |                       |                       |                       |                       |                       |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).  |                  |                 |  |  |                                  |  |                       |  |   | 12. DATE              |                       |                       |                       |                       |                       |                       |
| 11. SIGNATURE<br><b>/s/ Lexi J. Hazam</b>   |                  |                 |  |  |                                  |  |                       |  |   | <b>9/3/2024</b>       |                       |                       |                       |                       |                       |                       |

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